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A Dissertation.

On Strabismus.. Ophthalmic.

By

William D. Swann.

of

New York.

Candidate, for the Degree of Doctor of Medicine.

At the University of Pennsylvania.

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Dear Mr. [unclear]

I have been thinking of you

and of the [unclear]

very much.

I am sure you are well and happy.

I am, dear Mr. [unclear],

On Exudant Ophthalmia.

Among the very great variety, of diseases, which are incident to the eye, the pueral more than any of more frequency, greater consequence or so embarrassing to the surgeon, as the subject of the thesis. Of more frequency, for there is scarcely an affection to which the eye is incident that inflammation is not an attendant in either the one or the other of its stages... Of greater consequence for its so apt to induce a variety of other affections of the eye which will be considered hereafter.. As so embarrassing to the surgeon, for after pursuing every variety, and plan of treatment, which experience and inquiry can devise. The surgeon has but too often the mortification to learn, & say notwithstanding the aid of all his science and skill for weeks, or even for months, that the disease is still pursuing its monotony, or has perhaps changed to some one of its numerous sequela.

Handwritten text in a cursive script, likely from a 17th or 18th-century manuscript. The text is written on aged, yellowed paper and is mostly illegible due to fading and the style of the handwriting. The script appears to be a form of early English or Dutch cursive. The text is organized into several lines, with some lines starting with capital letters. The overall appearance is that of a historical document or a personal letter.



By Ophthalmia in its most general sense, I mean  
 constant erythema of the eye and its appendages  
 where there exists pain, and an unnatural degree  
 of vascularity. It is an inflammation of the mucous mem-  
 brane of the whole ball of the eye and its various  
 appendages. Several divided Ophthalmia into the  
 acute and chronic kind. In the former there being  
 an excess of vascular action, in the latter the vessels  
 are in a state of debility, as a consequence of the previous  
 excitement. This assignment was however found  
 not altogether unobjectionable, for he used the word  
 chronic in too general a sense implying indiscrim-  
 inately that debility, and torpor, which  
 succeed to a violent reaction. And that constant  
 state of irritability, which is occasioned by dropsy, or  
 binocular taint on the optic. Drawing however  
 no distinction between Idiopathic, and Symptomatic  
 Ophthalmia, in the former considering it as a  
 primary disease induced by any of the various



powers which affect the system, the latter proceeding from diseases of the eye and its various appendages or diseases of the system. Small Pox and Rubella, are examples of the former, while Trachoma, and Scrophulous are examples of the latter kind and demand a separate consideration. It will be my province here to speak of Scrophulous. Epthalmia its symptoms, causes, Prognosis diseases induced by it and lastly its treatment.

Scrophulous Epthalmia.

Attacks every age and sex, and like all other diseases of an inflammatory type varies much in its degree of severity and attack. Even when so prevalent as to appear epidemic the symptoms, are at one time remarkable for their comparative mildness, and at another for the violence and rapidity of their progress. Hence for perspicuity the disease may be arranged under two heads the Mild and acute, varying only



in degree, but in each there are two distinct stages. In the former we have increased action of the vessels of the part characterised by all the symptoms of Phlogosis. In the latter or second stage there is obvious pain, tumour and debility of the parts as a consequence of this previous excitement Acute Ophthalmia.

Is characterised by redness of the conjunctiva and lining of the eye lids, an unusual sensation of heat in the eye, uneasiness and piercing pain, as if some foreign body had got entangled between the palpebra and eye ball, as the disease advances a slight head ache comes on which is most troublesome towards evening. Vessels begin to shoot out where they never before had been suspected to have existed, so that the whole conjunctiva in the course of a few hours appears to have generated for itself myriads of vessels, which ramify the eye in every direction, of a florid colour



and where the swelling and itching are the most sensitive the inflammation is found to be the most considerable. In this way the inflammation advances gradually for a day or two, when it begins to subside. And then the discolored pupa into the second stage. The pain now in a great measure abates, a sense of heaviness covers the aspect of the pupa change from a bright red to a deep purple hue, and by a careful treatment the invalid in a few days instead to convalescence.

Third Stage.

In this variety the symptoms are more strongly marked, redder in the invasion and rapid in their progress, commencing generally towards morning, or at night without the slightest preceding uneasiness. The patient falls all at once as if some some sharp or spiny body were rolling over the ball of the eye attended with a painful sensation of uneasiness.





which is shortly succeeded by a copious discharge of watery fluid so acid as to excoriate the parts over which it flows, sometimes this secretion is very much diminished or entirely suspended and the eyes become preternaturally dry. The sympathetic fever is considerable, with swelling and pain in the back part of the head the pupil becomes contracted, the conjunctiva assumes a deep red colour without the possibility of tracing its individual vessels but all being in a like state of congestion forms an excrecence which bears the form a deeply imbedded in it. Sometimes it extends so far as to project around the lids projecting still in the form of a red fungus mass between them and is frequently covered with a puriform matter. The eyelids become enormously distended, owing to the violent action of the inflamed vessels, blood becomes extravasated between the conjunctiva and sclerotic coats in consequence of which



the conjunctiva, being naturally loose becomes immeasurably distended and elevated in front of the eye, preventing the lids from closing over the eye exposing it to wind and dust which greatly aggravates the complaint this is termed Chemoisis. The Acute Ophthalmia is generally confined to the outer part of the eye extending no further than the conjunctiva. But sometimes the interior of the eye is alone affected the outer coats participating but little or not at all in the general disturbance of the eye. in this case the patient has an immense aversion to light rather than the slightest shade of light throws the eye into spasm exercising the most acute agony. The iris assumes a red appearance the pupil is exceedingly contracted and the aqueous humor becomes red and turbid. From these circumstances it is inferred that in the highest degree of an internal Ophthalmia, an extravasation takes place in the chamber of the eye between the sclerotic and choroid coats terminating sometimes in an



entire help of sight. In conclusion of the symptoms of  
 Ophthalmia I shall say a few words of an epidemic  
 prevalent Ophthalmia, closely allied with symptoms,  
 progress and termination, to that Ophthalmia which  
 has been the scourge of Egypt for nearly the last three  
 Centuries, which prevailed throughout the Eastern  
 part of the State of New York during the Spring of 1810  
 there was nothing remarkable in the temperature  
 of the climate of this season which could have been  
 considered as an excitant to this peculiar form of  
 inflammation of the eye by the nicest observers. The  
 Winter was not remarkable for its depth or continu-  
 ance of snow nor yet for its entire want of it. During  
 the Months of Dec and Jan there prevailed rather  
 an equable temperature of climate with the exception  
 of three or four intense cold days during the latter  
 Month when the Mercury of F. fell more than 10 below  
 the following Month was remarkable for its un-  
 usual pleasantness and resemblance to Spring.



whilst the month of March was more cold and  
 unpleasant than either of the winter months,  
 it was during this singular interchange of tempe-  
 ratures, whilst a mild and pleasant winter  
 month, when in a cold and temperate spring  
 that a catarrhal fever known more generally  
 by the name of Influenza prevailed almost un-  
 usually, throughout our State extending its  
 ravages, far and wide, so that few if any escaped  
 its epidemical influence, not unlike preceding  
 epidemics of this kind exhibiting various degrees  
 of morbid affection, in some instances, it being so  
 slight as not to incapacitate persons from pursuing  
 their ordinary avocations scarcely needing the aid  
 of the Physician, whilst in others it was so severe  
 as to demand our utmost energies, frequently  
 endangering life and in many instances destroying  
 it, chiefly however in children and persons advanced  
 in life, especially those who had a predisposition to





to Britain, or France. The modifications of this disease were extremely numerous, from the last of January untill about the middle of March the weather had been extremely variable and the cold often severe. It was during this cold damp weather that the Influenza raged with its great violence. About the last of March the weather changed and became uncommonly mild for the season and the disease began to disappear rapidly as the Influenza abated which no doubt depended on certain inexplicable changes in the constitution of the Atmosphere. Another Epidemic made its appearance more vigorous in its attack and more ~~various~~ various in its effect than the former disease. I say various in its effect for those who were first attacked with the Influenza, were universally subsequently affected with conjunctival Ophthalmia, proportionate however to the severity of the attack of the Influenza, for the more



violent the attack of the Influenza, the less severe  
 the inflammation of the eye, and vice versa. But  
 those who were first seized with an affection of  
 the eye were in every instance exempt from  
 the Influenza, but in these two diseases the  
 Ophthalmic attack was totally different, in the  
 former being merely a slight conjunctival affec-  
 tion terminating favorably generally in a few  
 days with no constitutional disturbance. Whilst  
 in the latter it was closely allied to the Symp-  
 tom of Ophthalmia the usual period of its attack  
 was towards evening, commencing not unlike in  
 its first symptoms the acute Ophthalmia with  
 a sense of tightness over the region of the eye, a pain  
 not itching, and sensation of a sharp angular  
 body rolling over the eye frequently in the  
 course of three or four hours the serous vessels be-  
 came astonishingly distended with red blood  
 the whole Membrane became turgid and the



lower lid exceedingly swollen having its surface covered with vesicles in every direction, the lids constantly closed from the immense sensibility of the eye to the least ray of light in consequence of which they became so agglutinated with the thin adhesive discharge, that now took place that it was found impossible to separate the lids without bathing the eye for some time previous in tepid water. If the lids were now separated to any extent, the eye from admission of light became spasmodically affected, frequently causing an ectropion or eversion of the lids, from the swelling and inflammation of the lids the palpebral ducts became closed causing a continued epiphora, the tears running over the cheeks from their excessive heat upon continued excoriation, which however was soon increased in thickness becoming of a pale green color. Frequently in the course of a few hours the whole of the conjunctival covering of the eye became completely covered with small granulations of a yellow color.



and fingers appearance, extending for some distance beyond the cornea, a head ache at first slight now becomes constant penetrating to the back part of the occiput. sleep is disturbed, the pulse much accelerated and such a degree of fever comes on as to confine the patient to his bed. Finally the whole system becomes greatly deranged the symptoms exacerbating towards evening and remitting towards morning in this way the disease if not arrested by the most active measures runs on for several days the inflammation generally attaining its height about the fourth or fifth day constituting what is called its first stage. The acute pain now in a great measure subsides, the eye becomes less sensible to light, while a sense of heaviness and debility ensues, the vessels of the conjunctiva are engorged with blood of a purple hue the purulent discharge now increases in quantity the opacity appearance of the cornea now effusing a number of little papillae on its surface





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the swelling, redness, tension, and pain abate and if the patient has not exposed himself to a renewal of the attack in the course of a fortnight he is usually restored to a state of convalescence this however is the most favorable form of the disease. In the more violent form of the disease it runs through its stages with much greater rapidity destroying the eye sometimes in the course of a few hours. frequently in the course of three or four hours after the first symptoms the eyelids become completely covered with granulations on their inner surface the conjunctival surface of the eye presents a purplish appearance which quickly terminates in ulceration and necrosis which sometimes penetrates deeply into the corner of the eye and evacuating the humors and destroying the sight entirely. Perhaps where the inflammation has been violent and of frequent recurrence, induced by the least exposure to exciting causes or irregularity of living in such cases all the symptoms of the first stage



are renewed but with diminished energy, and generally with ~~diminished~~ much shorter duration. Bringing to these frequent relapses sparsity of the former sometimes takes place. A ulceration as has been mentioned leaving a number of little duplications on the former which sometimes extends so far as to destroy the coats of the eye causing Staphylocoma. or where the inflammation has run very high or been deep creates Hypopyon or a formation of a purulent matter in the Anterior or Posterior chamber of the aqueous humor or Membrana which is an enlargement of the conjunctiva lachrymalis. Or Staphylocoma which is an expansion of the external lamina of the conjunctiva converted into a torious tumor and which may take place at either angle, or middle of the eye. more commonly however from the angles. All of which will be mentioned more particularly when I come to speak of the consequences of Oph.



### Cause of Ophthalmia.

The causes of this disease are extremely numerous and various among the most prominent of which, are exposure of the eye to intense and strong light, exposure to heat or cold, moist and cold atmosphere, sudden transition of weather, changed state of the atmosphere, clouds and dust, foreign bodies entangled in the eye, Acid fumes and vapours, Intense violence such as blows, wounds, and punctures, gonorrheal matter by actual contact either through the Uvula or the nose itself, too frequent use of stimulating spirits, disordered state of the digestive organs.

To determine the severity and extent of inflammation when light is thrown on the eye, by the degree of pain produced, when the pain produced by light is extremely acute and lacerating, we infer that the bottom of the



eye and its appendages are affected, but when the pain is little or not at all increased by this exposure we may with reason infer that the inflammation is superficial, and will be of short duration. But when the external marks bear but little proportion to the degree of pain in the ball of the eye, when the third ache and intolerance of light are constant and urgent in manner the other hand prognosticates that the disease will have neither a speedy or safe termination. But when in addition to the above favourable symptoms the inflammation has run through its stage quickly and without being very violent in its progress the colour of the conjunctival vessels from the commencement the event is usually favourable. I shall now speak a few words of the consequences of Opthia. A knowledge of which diseases is with feeling of gratitude completely derived from the spirit is labour of Opthia which for the anatomical course of Opthia descending, and natural appearance of Opthia proper

the other side of the river is a large tract of land  
 which is now in the hands of the government. It is a  
 very fertile tract of land and is well watered.  
 The soil is very rich and the climate is very  
 healthy. The people who live there are very  
 industrious and are engaged in various  
 occupations. They are very friendly and  
 hospitable to strangers. The government  
 has a large number of soldiers stationed  
 there and they are very well equipped.  
 The people are very poor and they are  
 very much oppressed by the government.  
 They are very much afraid of the  
 government and they are very much  
 discontented with the government.  
 The government is very much  
 oppressive and it is very much  
 unpopular. The people are very much  
 discontented with the government and  
 they are very much afraid of the  
 government. The government is very much  
 oppressive and it is very much  
 unpopular. The people are very much  
 discontented with the government and  
 they are very much afraid of the  
 government.



ions are equalled by fire, and surpassed by no private  
believe in her Country and excelled by few in Europe,  
consequences of Ophthalmia.

Among the first of  
there is a disease of the Cornea known by the name  
Membranacea. at its commencement a soft indolent mil-  
lary exudation of a red or livid color not very painful  
at first by impeding the free action of the lids keeping  
up a continual effusion or watering of the eye, when  
wing its rise it impedes the motion of the lids keeping  
them constantly open of this disease there are two  
kinds the Acute and Chronic. The first seldom  
terminates entirely but after full response it becomes  
diminished and enlarged indolent generally in the  
Chronic. which assumes a cancerous appearance  
and which is very difficult to eradicate.

Strabismus. or eye turning as it is commonly called  
is a thin triangular membrane or veils arising  
with its angle towards the inner not arising uniformly



from the inner canthus but also from the outer angle and sometimes from the central part of the eye. I suppose it to be a natural expansion or separation of the thin external lamina of the conjunctiva converting into a vesicular membrane succeeding a long and obstinate Ophthalmia, or a very severe and short attack seldom extending beyond the circumference of the eye.

Ulceration of the cornea.

Sometimes occurs on the internal surface of the Ball as a consequence of previous inflammation. The spot where the Ulceration has commenced may be known by its becoming of a brownish colour and evidently prominent, attended with exquisite pain the matter discharged is not aqueous pus, but an ichorous mucus exuding the parts over which it flows. The Ulcer soon degenerates into a very obstinate sore penetrating the cornea and laying open its anterior chamber and sometimes giving rise to Staphylococci.

Opacity of the cornea. of this disease there are three distinct



is noticed by Physicians under the names of *tabula*, *blaze*,  
 and *leucoma*. *Blaze* is understood a superficial  
 opacity of the cornea, generally arising from Chronic  
*Ophthalmia*, covering its surface as it were with a thin  
 hid or mist giving it a dull and turbid appearance occa-  
 sioned by the gradual enlargement of the vessels which  
 ramify on the conjunctiva, which being ruptured  
 by over distention of fine a whitish matter which immis-  
 cating itself between the thin external part of the con-  
 junctiva which spreads over the cornea gives it a hazy appearance.  
*Blaze* arises from a disposition of lymph from the vessels  
 of the cornea deeper seated than *tabula* also being of a  
 white or milky colour.

*Leucoma*, is a dense white spot of the cornea arising  
 from the most violent kind of *Blaze* attended with  
 a cicatrix sometimes following small *sox* or *trachoma*.

*Hypopyon*, When *Ophthalmia* has been severe and of  
 long standing and the internal parts of the eye have  
 been chiefly affected a species of supuration it is suppo-



it takes place either in the Posterior or Anterior Chamber of the aqueous humor constituting the disease sometimes it disappears after a continuance of some or slight drop, at other times it continues for weeks causing a thickening of the cornea and destruction of the eye. Among the last of the diseases but not least important as a consequent to ophthalmia which I shall here mention is.

Strabismus which arises sometimes as a consequent to ulceration of the cornea and is a thickening and opacity of the layers of the cornea together with a great or a less projection beyond the eyelids necessitating generally to Branden's ophthalmia or wounds of the cornea, sometimes though very rarely the tumour is absorbed, but the sight is entirely lost.

Treatment.

In the primary stage a simple conjunctival ophthalmia may be removed in a short time little more will be often necessary than to avoid.





every external source of irritation. to bathe the legs  
 frequently in cold water, have diet the patient con-  
 fining himself to a dark room, protecting the legs  
 with a opaque shade, but if there is much pain and  
 a general swelling of the conjunctiva, the disease  
 will be much shortened by the timely applica-  
 tion of more active remedies, among the first and most  
 important of these is bloodletting both general and  
 local. mild purgatives, such as the neutral salts  
 are preferable as they have the peculiar property of  
 operating in small doses by repetition strongly on  
 the exhalents of the intestinal canal producing  
 copious watery evacuations highly important when  
 a Plethoric diathesis prevails. transacting doses of  
 Antimony, blisters behind the ears over the back  
 of the neck over the temples to these directions if  
 strictly attended to will in a few days reduce the  
 patient generally to a state of convalescence  
 sometimes however this treatment will not



succeed, and notwithstanding every caution on the part of the Surgeon the disease runs into its second stage, which is one of the greatest difficulties the Surgeon experiences in the treatment of this disease. The making a proper discrimination between the first or stage of inflammation and the second or stage of debility. The decided and active remedies which are so essential to a cure in the one, are totally forbidden in the other. It becomes therefore highly important to a successful practice to make a proper discrimination between these two opposite stages. The second stage is characterized by dense pain, tenderness and debility of the vessels of the conjunctiva which are engorged with blood or a purplish hue. Extravasations of blood in the chamber of the aqueous humor. Eclampsia of the conjunctiva, a sensation of heaviness and coldness in the eye. In this stage every thing which has a tendency to produce further weakness of the eye must be avoided. Cold



and astringent washes, should now be used, by means of which the relaxed vessels of the conjunctiva and eyelids will recover their original tone and the Ophthalmia be removed.

### Treatment of Acute or Purulent Ophthalmia.

This aggravated form of the disease demands the most active and immediate assistance from the surgeon which if neglected in its primary stage entails on the unhappy sufferer the painful sequelae of Ophthalmia terminating either in a partial or entire loss of vision, running through its Acute or first stage with astonishing celerity and violence the vessels losing their natural tone in a very short time, the first indication then for a cure is to reduce quickly the over excitement of the system which always prevails, in the Acute or first stage, by general bloodletting which must be carried to what ever extent the case may require and it is astonishing to what an extent the humors



may be varied in some cases before the disease will give way. The late Dr. Sowerby relates a case under his care in the Brompton Hospital, where the form of the Ophthalmia was so violent as to demand repeatedly of twenty bleeding of five or six ounces each, alternated with cooling frictions, till the Ophthalmia would give way. After relieving the general Arterial action, Emetics may then be resorted to and with astonishing efficacy, topical blood letting from the Temporal artery, Dissection of the conjunctival folds of the lids and ball of the eye, which may be performed with a common lancet or scalpel after anointing the lids divide the folds as near their roots as possible and in order to keep up the discharge the eye must be bathed for sometime in warm water. The quantity drawn however carefully performed is seldom very great. Yet I have frequently witnessed a more marked remission of pain and inflammation to result from a few drops obtained in this way than from several





nerves detracted from the temple. In slight affections  
 one or two punctuations will be sufficient, but in the  
 more severe forms, especially in the Brachial form it  
 will be found necessary to puncture repeatedly. Care  
 however should be taken, only to perform this operation  
 in the first stage, when the pupils are of a florid brown  
 small and round. But when the pupils are of a  
 purplish colour, much dilated the the patient com-  
 plains of severe & weight and coldness in the eye, then  
 it will be highly improper and injurious to inspire  
 to an opinion between the conjunctiva and sclerica.  
 Another has been highly thought of in this stage of  
 the disease, the saline cathartics should be given in  
 small and repeated doses so as to cooperate with the effect  
 of local depletion existing a sympathy between the  
 viscous membranes of the Intestines and eye.  
 Relative to the back of the neck, behind the ear or  
 to the temple or to the eye lids as just introduced  
 to the Medical world by him distinguished.



Relief of Anatomy, which is found to afford a  
 certain and speedy relief, when the disease has  
 proved very obstinate and the inflammatory  
 stage ran very high. Mercury has been recom-  
 mended so as to induce salivation. But as to this  
 mode of practice, I cannot say that much import-  
 ance is to be attached, having frequently seen it  
 applied in obstinate cases without affording the  
 least relief, on the contrary, only aggravating the  
 mischief of the unhappy sufferer. As Colic is but  
 of the mildest kind such as water or milk and  
 then opium should be used. In the second stage  
 they are found highly important, but it will  
 be to propose any particular formulae as almost  
 every Surgeon has some favourite prescription, a  
 very good Colic is which I have run used is made  
 from ʒi of Shrubbs Relief of Wine in proportions of  
 ʒss of the one and ʒ of the latter with the addition of  
 a few drops of Laudanum to the mixture.

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has been recommended by Dr. Shipch in cases of obstinate Ophthalmia, with signal advantage. To prevent adhesions of the lids they should be frequently anointed with Vitine ointment, made semifluid by the addition of a little Olive Oil, and applied with a fine Camels hair pencil. The granulations which form on the surface of the eye and lids may be removed by applying caustic. either the pulp of Coccus cactus caustic may be used. Anst the lids and apply the caustic untill the granulations assume a whitish appearance when it may be washed off by means of a fine brush. Besides in this stage of the disease are highly useful among the list of which are pulp of Quinine, Vegetable Litters and the Mineral acids. In fine. &c. topical and general. Emphatic. Low diet. Abstinence, confining the patient to a dark room during the inflammatory stage. Antimony Col and besides in the second stage will allom put in curing the Ophth

[illegible]